

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

California Department of Social Services

[Relevant Office Address]
[City, State, Zip Code]

Subject: Appeal of IHSS Benefits Determination

Dear [Recipient's Name/Title],

I am writing to formally appeal the decision regarding my In-Home Supportive Services (IHSS) benefits, as communicated in the notice dated [insert date of notice].

I believe that my application was assessed incorrectly, and I respectfully request a review of my case based on the following grounds:

1. **[Specific Reason 1]**: [Provide a detailed explanation of why the assessment was incorrect and include any supporting evidence or documentation.]
2. **[Specific Reason 2]**: [Further details supporting your appeal, referencing medical conditions, care needs, or other relevant factors.]
3. **[Specific Reason 3]**: [Additional justifications that bolster your case.]

I have included copies of all supporting documents, including [list any attached documents, such as medical records, letters from caregiving professionals, etc.].

I appreciate your attention to this matter and look forward to your prompt response. Thank you for your time and consideration.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]